

Los Angeles County Department of Mental Health Presentation to the Integration Advisory Board (IAB)

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GOALS OF THIS PRESENTATION

- Highlight objectives and activities aligned with each priority
- Identify shared activities to accomplish our goals
- Outcome metrics to follow



HEALTH AGENCY – 8 STRATEGIC PRIORITIES

- I. Consumer Access & Experience
- II. Housing and Supportive Services
- III. Decrease Psychiatric Emergency Services Overcrowding
- IV. Access to Culturally & Linguistically Competent Programs



HEALTH AGENCY – 8 STRATEGIC PRIORITIES *(Continued)*

- V. Diversion of Corrections-involved individuals to community-based programs and services
- VI. Implementation of Expanded Substance Use Disorder Benefit
- VII. Vulnerable Children & Transition Age Youth
- VIII. Chronic Disease & Injury Prevention



Health Agency Activities and Outcomes

8 Strategic Priorities

1. Consumer Access & Experience
2. Homeless Supportive Housing
3. Overcrowding of Psychiatric Emergency Departments
4. Culturally & Linguistically Competent Programs
5. Diversion
6. Substance Use Disorder Services
7. Vulnerable Children & Transitional Age Youth
8. Chronic Disease & Injury Prevention

Value
Added

Joint Collaborative Activities

1. Staff training
2. Workflow and referrals
3. Registration
4. Community-based resources
5. Case management and care coordination
6. Data analysis and planning
7. Housing resources.
8. Information technology resources and services

Results
In

Health Outcomes

1. Improve quality
2. Increase efficiency in use of resources
3. Decrease chronic disease
4. Reduction in health disparities
5. Reduction in Homelessness
6. Reduction in incarcerations
7. Ensure financial stability

3



I. CONSUMER ACCESS & EXPERIENCE

Expand timely and uniform access to mental health services

- Universal screening tool
- Centralized scheduling of eConsult and Urgent appointments
- IT platform for tracking available appointments (in process)
- Monitor timeliness through Service Request Tracking System (SRTS)
- Accountability for meeting access standards (STATS)
- Universal Authorization
- External Quality Review Organization (EQRO)



I. CONSUMER ACCESS & EXPERIENCE

(Continued)

Sharing of Personal Health Information (PHI) across Departments

- Participating in Gartner consultation (ORCHID-IBHIS analysis)
- Successfully implemented primary care-mental health portal (San Fernando MHC – Tarzana TTC)
- Agency Policy on Secure Direct Messaging of PHI



II. HOUSING & SUPPORTIVE SERVICES

- Expand outreach & engagement: Multi-department integrated teams (MITs), SB82 mobile teams, C+3
- Increase available housing: HACLA Continuum of Care Grant Bonus (DMH & DHS), MHSA capital projects and supportive services funding
- Enhance housing retention services: Flexible Housing Subsidy Pool
- Promote best practices: DMH Annual Housing Institute; Mental health first aid training for C+3
- Policy development: No Place Like Home, County Housing Initiative



III. DECREASE OVERCROWDING IN PSYCHIATRIC EMERGENCY SERVICES

Special presentation by Mary Marx



IV. ACCESS TO CULTURALLY AND LINGUISTICALLY COMPETENT SERVICES

Surgeon General's Report: Objectives

- Overcome barriers by educating the community: MH First Aid Training for DHS nurses, eCPR
- Improve access
 - Integrated mental health and primary care (co-locations, Integrated Service Model)
 - Improve language access (recruitment, bilingual bonus, loan forgiveness/stipends in DMH, joint ASL solicitation)
- Support Capacity Development of Communities
 - Promotoras programs (Exide, fires)
 - Expansion of Health Promoter programs



V. DIVERSION OF CORRECTIONS – INVOLVED INDIVIDUALS

- Pre-booking Diversion
 - Increased DMH-law enforcement co-response teams
 - Work with DA to identify eligible infractions
 - Provide education to law enforcement
 - Mental Health Urgent Care Centers
 - Assisted Outpatient Therapy
- Enhance Alternatives to Custody
 - Community-based restoration to Competency (MIST)
 - Community Collaborative Courts
 - Gateways Normandie Village Project



V. DIVERSION OF JUSTICE-INVOLVED INDIVIDUALS (Continued)

Effective Community Reentry

- Bureau of Justice Comprehensive Adult Reentry Program
- Forensic Full Service Partnerships (FSP) (in process)
- Men's Reintegration Program (in process)
- Women's Reintegration Program



VI. IMPLEMENTATION OF EXPANDED SUBSTANCE USE DISORDER BENEFIT

- Partnering with DPH to ensure access through expansion of programs for those with co-occurring disorders
- Developing system-wide training for DHS in SBIRT
- Working with State DHCS to expand medication-assisted therapy, and availability of opioid rescue medications.



VII. VULNERABLE CHILDREN & TRANSITION AGE YOUTH

- Develop comprehensive services: DMH co-located clinicians at 3 DHS Medical HUBs, Tele-mental health pilot program
- Enhance outreach & engagement to high-risk children and TAY
 - Expansion of DMH TAY drop-in centers including SUD services
 - Expanding Enhanced Emergency Homeless Shelters



VII. VULNERABLE CHILDREN & TRANSITION AGE YOUTH *(Continued)*

- Develop comprehensive services for Commercially Sexually Exploited Children (CSEC)
 - Trained over 1,000 staff in trauma-informed treatment for CSEC
 - Multi-Disciplinary Teams with DHS, DCFS Children's Law Center



VIII. CHRONIC DISEASE AND INJURY PREVENTION

- DMH co-located in DHS clinics with a focus on specialty services (e.g., diabetes clinic); working on diabetes intervention project
- Transforming Clinical Practice Initiative
- Perinatal/Postpartum DHS-DMH Collaboration (in process)
- Smoking Cessation cross training
- Team-based care/Care Clinics



Integration Advisory Board

- Our next steps:
 - Enhance involvement of partners
 - Finalize metrics
 - Continue to search for and pursue opportunities



Thank you!

